

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/582,605	FILING DATE 6-9-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2								
3		2						
4	1							
5	1							
6	1							
7	1							
8	1							
9	1							
10		5						
11		5						
12		5	1					
13	1							
14		1		1				
15	1							
16	1							
17	1							
18	1							
19		6	1					
20		6						
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32		1						
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49								
50								
TOTAL IND.	13	↓	5	↓		↓		
TOTAL DEP.	63	←	1	←		←		
TOTAL CLAIMS	76		6					
51								
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100								
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								